MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09320

09320 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides X — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ironsides |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS X | STREET ADDRESS (If rural, give location) |

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) I (Last) BOWIE

4. DATE OF DEATH: (Month) (Day) (Year) October 20 19 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | W. | 8-17-75 | 79 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Hsmf. | Self | Md | US |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Bert Pasey | Mary E. Bowie |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| 4 No | | — | John Bowie 1600 Webster St. Balto, Md |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary occlussion. | 15 min. |
| DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Coronary artery disease and generalized | |
| DUE TO | (c) sclerosis of vascular system | 10 years |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☑ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from July, 1952, to Oct, 1954, that I last saw the deceased alive on 19 Oct, 1954, and that death occurred at 1:27 a.m., from the causes and on the date stated above.

SIGNATURE S. Woodd (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 20 Oct 54.

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/23/54 | M. E. | Pisgah, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/21/54 | Julia H Pasey | Hunt & Ryon, Waldorf, Md | |

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 25 1954
BUREAU V. S.

09321 MARYLAND STATE DEPARTMENT OF HEALTH 10356

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Theresa (Middle) Eloise (Last) Bowman
4. DATE OF DEATH (Month) October (Day) 28 (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 28 1954
9. AGE last birthday yrs. If under 1 year Months Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant - None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pisgah Old
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ulysses Grant Bowman
14. MOTHER'S MAIDEN NAME Irene Proctor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Irene Proctor, Pisgah, Old

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity. (Infant weighed

(c) only approx 4 lbs - was 1-month Pre-Mature)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank Dusen (Degree or title) M.D. ADDRESS Indian Head. Old DATE SIGNED 10-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-29-54
NAME OF CEMETERY OR CREMATORY Lion Baptist
LOCATION (City, town, or county) Hilltop (State) Old
DATE REC'D BY LOCAL REG. 10/29/54
REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR None ADDRESS Iron Sides, Md.

4004224303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 16 1954
BUREAU V. S.

09322 09321

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg, Md. LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Mae (Last) Cargill

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1954

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 15, 1930 | 9. AGE last birthday 24 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) St. Mary's County Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Currie | 14. MOTHER'S MAIDEN NAME Pearl Agnes Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Louis C. Cargill,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE G. J. Edelen (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 10-26-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 10/27/54 | NAME OF CEMETERY OR CREMATORY St Mary's | LOCATION (City, town, or county) New Port (State) Md

DATE REC'D BY LOCAL REG. 10/27/54 | REGISTRAR'S SIGNATURE Julia H. Pasey | 24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 29 1934
BUREAU V. S.

09323 MARYLAND STATE DEPARTMENT OF HEALTH 09322

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg, Rt. 301 — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Norfolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portsmouth
STREET ADDRESS 135 (If rural, give location) Douglass ~~St~~ Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Joseph | Lewis | Chippendale | Oct | 30 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Single | Nov. 11, 1888 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Sheet metal | U.S. Shipyards | Portsmouth, Va. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William H. Chippendale | Mary Ellen Chippendale |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | — | Brannon Funeral Home, Portsmouth Va. |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| **Immediate cause** | (a) Crushed Chest, fractured left leg bilateral | instant |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Auto accident — head on collision | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING? CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Highway 301 | Newburg. | Charles | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☑ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| OCT | 30 | 1954 | 7:30 a.m. | | | Auto accident |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frederick M. Johnson | M. D. | La Plata, Md. | 30 Oct 54 |

| BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 11/3/54 | Oak Grove | Portsmouth, | Va. |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/30/54 | Julia H Carey | Hunt & Ryon, | Waldorf, Md. |

VS. A10A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09323

09324

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Island X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) G. (Last) Dameron

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Feb. 22, 1883 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dameron

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Florence Dameron, Cobb Island, Md.

## 18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause 420.1 | (a) Coronary Occlusion | 10-6-54 |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Hypertension | |
| | DUE TO (c) | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1953 to 10-6, 1954, that I last saw the deceased alive on 10-6, 1954 and that death occurred at 8.30 A.M. from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 10-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 9 1954 | NAME OF CEMETERY OR CREMATORY Christ Church | LOCATION (City, town, or county) Brandywine (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/8/54 | REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09324

09325

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, FilmG171 10-18-54 et

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) May (Last) DAVIS

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: Oct 23, 1881
9. AGE last birthday: 72 7/B yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housf
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Henderson
14. MOTHER'S MAIDEN NAME: Kate Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Theodore Davis, Nanjemoy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443

Immediate cause (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 10-1-54

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Hypertensive Heart Disease ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1954 to 10-4, 1954, that I last saw the deceased alive on 10-9, 1954, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE E J Edelen (DEGREE OR TITLE) MD ADDRESS LaPlata Md DATE SIGNED 10-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/12/54
NAME OF CEMETERY OR CREMATORY Nanjemoy Bapt.
LOCATION (City, town, or county) (State) Nanjemoy, Md

DATE REC'D BY LOCAL REG. 10/11/54
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1

RECEIVED
OCT 13 19..
BUREAU V. S.

09326

MARYLAND STATE DEPARTMENT OF HEALTH

09325

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

*12/16/1890 date of birth.
items 8, 9, 13, 14, 16: film G 73
11/22/54 L

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg Rt 301
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Norfolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portsmouth
STREET ADDRESS (If rural, give location) 1613 Spratley St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Frank (Last) Dixon

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 15, 1898
9. AGE last birthday 59 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Marine Supplies
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Buck John D. Dixon
14. MOTHER'S MAIDEN NAME Adelade Beetle Winfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY, No. 225 02 533
17. INFORMANT AND ADDRESS Lillian Queery Dixon, 1613 Spratley St. Portsmouth, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) broken neck, crushed chest — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractured left femur & both arms.

(c) Auto accident - head on collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 301 (CITY OR TOWN) Newburg (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 30 (Year) 1954 (Hour) 7:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? auto accident

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frederick M. Johnson M.D. (Degree or title) ADDRESS La Plata, Md. DATE SIGNED 30 oct 54

DISPOSITION (Vault, Specify) Burial
DATE THEREOF 11/3/54
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) Portsmouth (State) Va.

DATE RECD BY LOCAL REG. 10/30/54
REGISTRAR'S SIGNATURE Julia H Casey
23. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

FLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09326

09327

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

Items 11,12 Elmg171 10-11-54 et

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Eidman

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Aug 3, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Schwamm

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Leah M. Lowe, Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral Hemorrhage — Interval between onset and death: 9-30-54

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension — 1952

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralysis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 10, 19 54 to 9-30, 19 54 that I last saw the deceased alive on 9-30, 19 54, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 10-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 10/2/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG 10/2/54 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

OCT 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09327

09328 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton X — LENGTH OF STAY (in this place) life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS X | STREET ADDRESS (If rural, give location) |

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Leo (Last) ELDER.

4. DATE OF DEATH: (Month) (Day) (Year) October 21 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Married | 4-24-94 | 60 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Contractor | Construction | Md. | US |

13. FATHER'S NAME: Aloysius A Elder

14. MOTHER'S MAIDEN NAME: Frances E Darcey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes ✓ WW Army

16. SOCIAL SECURITY NO.: 220-32-5848

17. INFORMANT & ADDRESS: Albert Elder Jr Bel Alton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia | 10 days. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Cardio-renal deterioration. | 3 yrs. |
| DUE TO | | |
| | (c) Congestive heart failure. | 2 1/2 yrs. |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct, 1954, that I last saw the deceased alive on 21 Oct, 1954, and that death occurred at 1:21 p.m., from the causes and on the date stated above.

SIGNATURE Norwoodds (DEGREE OR TITLE) MD ADDRESS La Plata Md. DATE SIGNED 21 Oct 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Oct 23 53 NAME OF CEMETERY OR CREMATORY St Ignatius LOCATION (City, town, or county) (State) Bel Alton Md

DATE REC'D BY LOCAL REG. 10/22/54 REGISTRAR'S SIGNATURE Julia H Vasey 24. FUNERAL DIRECTOR Pontt & Ryon ADDRESS Waldorf Md

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

09329 MARYLAND STATE DEPARTMENT OF HEALTH 09328

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) EUGENE (Last) HAINA

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug. 13, 1910

9. AGE last birthday: 44 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Haina

14. MOTHER'S MAIDEN NAME: Anna Grossknuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-07-8374

17. INFORMANT AND ADDRESS: Anna Haina, Waldorf, Md.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) CARBON MONOXIDE POISONING — INTERVAL BETWEEN ONSET AND DEATH: 10-11-54

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Hose from exhaust to inside of

22 I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ✓, suicide ✓, homicide ✓, undetermined ✓.

SIGNATURE C. Medelen (Degree or Title) M.D. ADDRESS La Plata Md DATE SIGNED 10-11-54

DISPOSITION (Burial, Cremation, Removal, Donation, etc.) Buried DATE THEREOF Oct. 14, 1954 NAME OF CEMETERY OR CREMATORY Valley View LOCATION (City, town or county) Mokesville (State) Va.

DATE REC'D BY LOCAL REG 10-13-54 REGISTRAR'S SIGNATURE M. L. Monroe mad 24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

US MCA

OCT 15 1
BUREAU V. S.

09329

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09330

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

**1. PLACE OF DEATH:**
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dry Memorial Hosp

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falkman Md X
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Carroll (Middle) (Last) IRWIN

**4. DATE OF DEATH:** (Month) 10 (Day) 16 (Year) 54

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:**

**9. AGE last birthday:** About 78 Yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Fishman

**10b. KIND OF BUSINESS OR INDUSTRY:** Fishing

**11. BIRTHPLACE** (State or foreign country): Charles Co Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John C. Irwin

**14. MOTHER'S MAIDEN NAME:** Unk

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY No.:** —

**17. INFORMANT & ADDRESS:** J. Spencer Irwin Bel Alton Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3317

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10-13-54

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Hypertension — 1950

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to ..., 1954, that I last saw the deceased alive on 10-16, 1954, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen MD (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 10-17-54

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial

DATE THEREOF Oct 13 1954

NAME OF CEMETERY OR CREMATORY St Ignatius

LOCATION (City, town, or county) Bel Alton (State) Md

DATE REC'D BY LOCAL REG. 10/17/54

REGISTRAR'S SIGNATURE Julia H Casey

**24. FUNERAL DIRECTOR** Hunt & Ryan, Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT [illegible] 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09330

09331 **CERTIFICATE OF DEATH**

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Wilson (Last) JAMESON

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Sept. 15, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farming
11. BIRTHPLACE (State or foreign country): Charles County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Lee Jameson
14. MOTHER'S MAIDEN NAME: Sarah Ellen Jenkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-20-1100
17. INFORMANT & ADDRESS: Gus Jameson, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO acute gastritis - possible ruptured ulcer

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO irritation

(c)

Interval Between Onset And Death: 3 days -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 oct, 1954, to 25 oct, 1954, that I last saw the deceased alive on 25 oct, 1954, and that death occurred at Approx 3 AM from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson (Degree or title) M.D. ADDRESS La Plata DATE SIGNED 26 oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/28/54
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) Issue Md (State)
DATE REC'D BY LOCAL REGISTRAR 10/27/54
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Hunt H & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09332 MARYLAND STATE DEPARTMENT OF HEALTH 09331

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Phys Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WALTER GODFREY JONES
4. DATE OF DEATH (Month) (Day) (Year) 10 24 1954
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 9-5-49
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME JAMES HENRY JONES
14. MOTHER'S MAIDEN NAME EDITH LORETTA WILLIAMS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James H. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Convulsion 10-24-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown; except fever

(c) Of undetermined origin 10-22-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS La Plata Md DATE SIGNED 10-24-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/27/54
NAME OF CEMETERY OR CREMATORY St. Catherines
LOCATION (City, town, or county) (State) Port Tobacco, Md.
DATE REC'D BY LOCAL REG. 10/24/54
REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09332

09333

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville (rural) LENGTH OF STAY (in this place) 17 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FLORENCE E. MARSHALL

4. DATE OF DEATH: (Month) (Day) (Year) Oct 19 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 23 1953
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 5 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Theodore Marshall
14. MOTHER'S MAIDEN NAME: Martha Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Martha Marshall Dentsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE (Specify) [redacted] PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dr. Sothoron was attending physician, 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Frederick M. (DEGREE OR TITLE) Johnson M.D. ADDRESS La Plata, Md. DATE SIGNED 19 Oct 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 10/21/54 NAME OF CEMETERY OR CREMATORY St Marys Cemetery LOCATION (City, town, or county) (State) New Port Md

DATE REC'D BY LOCAL REG. 10-21-54 REGISTRAR'S SIGNATURE M. L. Mount Mrs. Julia Posey mkt. 24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Funeral Home Waldorf Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09333

09334

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Daniel (Last) Ryce

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10-11-54

9. AGE last birthday: -- yrs. IF UNDER 1 YEAR: Months -, Days 1; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sydney Ryce

14. MOTHER'S MAIDEN NAME: Hettie Elizabeth Farrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Sydney Ryce - Ironsides, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory arrest — Interval between onset and death: instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) improper respiratory exchange — 24 hrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to 12 oct 19 54, that I last saw the deceased alive on 12 oct, 19 54, and that death occurred at 4 55 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frederick M. Johnson M.D. La Plata 13 oct 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/13/54

NAME OF CEMETERY OR CREMATORY Pine

LOCATION (City, town, or county) (State) Ironsides

DATE REC'D BY LOCAL REG. 10/13/54

REGISTRAR'S SIGNATURE Julia H Carey

24. FUNERAL DIRECTOR ADDRESS

Sydney Ryce, Ironsides, Md

RECEIVED
OCT 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09334

09335

# CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HUGHESVILLE

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HUGHESVILLE

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) MARY (Middle) ESTELLE (Last) STONESTREET

**4. DATE OF DEATH:** (Month) (Day) (Year) OCTOBER 22 1954

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE-US

**7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify): WIDOWED

**8. DATE OF BIRTH:** DECEMBER 8 1870

**9. AGE last birthday:** 83 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE

**10b. KIND OF BUSINESS OR INDUSTRY:** HOME

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** WILLIAM MORAN

**14. MOTHER'S MAIDEN NAME:** SARAH MORAN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY NO.:** NONE

**17. INFORMANT & ADDRESS:** FRNK STONESTREET · HUGHESVILLE, MD.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) ARTERIO-SCLEROTIC HEART DISEASE | 4 YEARS |
| DUE TO | | |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) GENERALIZED ARTERIO-SCLEROSIS | 10 YEARS |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** —

**19b. MAJOR FINDINGS OF OPERATION:** —

**20. AUTOPSY?** Yes ☐ No ☒

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECEMBER 1947, to OCTOBER 1954, that I last saw the deceased alive on OCTOBER 21 1954, and that death occurred at 10.30 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED 10/22/54

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF Oct 26, 1954 NAME OF CEMETERY OR CREMATORY St Mary's LOCATION (City, town, or county) Benjamintown (State) Md

DATE REC'D BY LOCAL REG. 10/22/54 REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md.

09336

MARYLAND STATE DEPARTMENT OF HEALTH

09335

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ind Head Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Sidney | F | THOMPSON | 10 | 8 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | C | | 5-28-23 | 31 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | U.S. Govt | Md | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George A. Thompson | Garlode Thomas |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Unk | Unk | Sarah Thompson Worthington D.C. |

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Drowning | 10-8-54 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Potomac River | Mattawoman Creek | Ind Head | Md |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | Fell from boat |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| C. J. Edelen | M.D. | La Plata Md | 10-9-54 |

| BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 10/12/54 | Metropolitan M.C. | Pomonkey | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/25/54 | Odey Price mnt. | Theodore Matthews | 614 4½ ST SW Wash D.C. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AIDA

RECEIVED
OCT 26 1954
BUREAU V. S.

09336

09337

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville — LENGTH OF STAY (In this place) X 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) P. (Last) Toye
4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: March 11, 1877
9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Charles County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Toye
14. MOTHER'S MAIDEN NAME: Harriett Edelen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Clarence Toye, Hughesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 10-7-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. Edelen (Degree or title) MD — ADDRESS: La Plata Md — DATE SIGNED: 10-7-54

23. SERIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 11 1954
NAME OF CEMETERY OR CREMATORY: St Marys Cemetery
LOCATION (City, town, or county): Bryantown (State) Md

DATE REC'D BY LOCAL REG.: 10/8/54
REGISTRAR'S SIGNATURE: Julia H Casey
24. FUNERAL DIRECTOR: Hunt & Ryon, Waldoy — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 11 1954
BUREAU V. S.